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09/842,899		455	2617	2925-0469P

APPLICANTS

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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance SR Initials	STATE OR COUNTRY NJ	SHEETS DRAWINGS 2	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 8
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

ADDRESS

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TITLE

Consolidated billing in a wireless network

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